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Application Number: 09/764,011

Filing Date: January 17, 2001

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- 3. Fee Transmittal
- 4. Response to Office Action Dated May 26, 2005 (26 pages)

Total pages: 29

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Fees pursuant to the Conso	olidated Approprie	ations Act, 2006 (H.R. 4818)	Application Number		2507	
FEE TRANSMITTAL		Filing Date	1/17/2001	RECEN		
	or FY 20		First Named Invento	r Kevin W Burrows	CENTRAL FAX	
L			Examiner Name	Marcin R Filipczyk	^110 A A	
Applicant claims am	all entity status	s. See 37 CFR 1.27	Art Unit	2161	AUG 23	
TOTAL AMOUNT OF PA	YMENT (\$)	790.00	Attorney Docket No.			
METHOD OF PAYME	NT (check all	I that apply)				
Deposit Account For the above-ider Charge fee	Deposit Accountified deposit solution (e) indicated be y additional fee (FR 1.18 and 1. this form may be	nt Number: 12-0769 account, the Director is the elow a(s) or underpayments of .17 ecome public, Credit card	f fee(s) Credit any	nt Name: Lee & Hayes,	pt for the filing fee	
FEE CALCULATION						
1. BASIC FILING, SEA	FILING I			XAMINATION FEES Small Entity		
Application Type	Fee (\$)			Fee (\$) Fee (\$)	Fees Paid (\$)	
Utility	300	150 500	- 200	200 100		
Design	200	100 100	00 50	130 65	-	
Plant	200	100 300	0 150	160 80		
Reissue	300	150 500	0 250	600 300		
Provisional	200	100	0 0	0 0		
2. EXCESS CLAIM FE Fee Description Each claim over 20 or, Each independent claim Multiple dependent claim Total Glaima 52 - 20 or 86 HP = highest number of total	for Reissues, n over 3 or, fo tims Extra Claims	for Reissues, each inde 18	lependent claim more t	original patent than in the original pate uttiple Depandent Claims Fee (5) Fee Pair	360 180	
indep. Claims 10 - 3 or M2 = HP = nighest number of inde	Extra Claim:	Fee (\$) = Fee (\$) = Fee (\$)	ee Paid (\$)	· · ·		
3. APPLICATION SIZE If the specification an for each additions Total Sheets	E FEE nd drawings e al 50 sheets o Extra Shee	exceed 100 sheets of p or fraction thereof. Se sts Number of s /50 =	ee 35 U.S.C. 41(a)(1)(0 each additional 50 or fre (round up to a whole		•	
Non-English Specification, \$130 fee (no small entity discount) Other: Request for Continued Examination (RCE)					700.00	

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